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Substitute for form 1449/PTO	Complete if Known	
•	Application Number	
INFORMATION DISCLOSURE	Filing Date	· · · · · · · · · · · · · · · · · · ·
	First Named Inventor	WOOLFE, Austen John
STATEMENT BY APPLICANT	Art Unit	
(Use as many sheets as necessary)	Examiner Name	
neet 1 of 1	Attorney Docket Number	00303/US

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (# known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A1	US- 2002/0031480	03.14.2002	Peart et al	- Garati Appan
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	1
		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	7
	B1	WO01/89589	11.29.2001	Regents of the Univ of California		Г
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	B3	WO01/66089	09.13.2001	GW Pharma Ltd		
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